

*couver Medical Association** speaks strongly, and not unjustifiedly so, in appealing to the members of the profession to act firmly in the matter: "As our readers know, we have for a long time advocated a firm stand by the medical profession against the exploitation (we can find no milder word that will suit the case), of our good-nature and generosity that has gone on for many years, and, be it said, has gone on largely, if not mainly, because of our own mistaken attitude with regard to this matter."

There is much involved in these protests, and the editorial writer quoted strikes sharply at the root of the question when, after admitting that governments have not enough money to meet all the demands made on them, he goes on to say:—

"What is the remedy for it all? for nobody pretends that the compromise suggested by the medical associations is adequate, or anything more than a temporary arrangement. We cannot but feel that the only answer is some method by which the cost of medical care can be distributed over the whole community by some system of insurance. Sickness is bound to come to every family and every individual at some time, and the doctor is as necessary to the community as the repair shop is to the automobile industry.

* 1933, 9: 176.

The trouble is that sickness is not evenly distributed—nor is it spread evenly over the life of the individual or family. It comes "in bunches". Another difficulty is the fact that treatment of sickness after it happens is the most expensive and most inefficient method of handling the problem.

We have not yet, as a profession—let us be honest—seriously considered what relief *we* can offer to a harassed community for one of its major problems. All sorts of panaceas are suggested—all sorts of plans brought forward. We are the ones who should make the suggestions and work out the plans. If we leave it to laymen, two evils will arise, or may arise, from any scheme brought forward. One is, as regards ourselves, that we shall run the risk of being forced to accept unfair treatment; the other is equally serious, in fact more so, that the community as a whole will suffer. A cheap, imperfect, hurriedly-conceived scheme can not do good, it may do much harm, and in the long run be wasteful and inefficient; prevention of disease will be ignored, unless those who know its importance are there to emphasize it and to guide the counsels of those who are framing a practical scheme of action."

It may be added that in certain parts of Ontario local governing bodies have provided for payment of these particular medical services, *but not from the federal relief funds*: there has been a steady refusal to apply any part of these to payment of medical services. We hope that the action in the West will help to hasten the adjustment of a situation in which our appeals for recognition have been too long disregarded.

H. E. M.

Editorial Comments

A Standard Classified Nomenclature of Disease

This publication, which is compiled by The National Conference on Nomenclature of Disease and published by the Commonwealth Fund, New York, 1933, goes far to fill a long-felt want. Hitherto hospitals, health organizations, and insurance companies have been devising their own nomenclatures, or, if they have adopted an existing one have proceeded to modify it beyond recognition. All this indicates the inherent difficulties in the problem and that there has been need of a central guiding influence. The central authority, for the United States at least, has now been provided. In 1929, the Conference of Expert Statisticians, held in Berlin under the auspices of the League of Nations, initiated a movement to enlist the cooperation of the member nations in an undertaking of this kind, and at the Second International Hospital Congress, held at Vienna in 1931, a special international committee was appointed in order to encourage the carrying out of the idea. The work of the National Conference on Nomenclature of Disease in the United States may therefore be regarded as a preliminary part of an international effort to simplify and facilitate the exchange between nations of information

upon disease and its prevention. In March, 1928, a conference on the nomenclature of disease was held in New York at the instance of the New York Academy of Medicine, at which a number of important bodies, such as the Public Health Service, the Army and Navy Medical Departments, the American Hospital Association, and certain hospitals and medical associations. At this meeting the National Conference on Nomenclature of Disease was formed. The present book is the outcome of its labours.

The system of classification is both topographical and etiological. Each disease or injury is classified in terms of the organ or tissue where it is principally manifested and in etiological terms.

The difficulty in regard to an etiological classification is, of course, that the cause of disease is not known in all cases. The Conference has surmounted this by recognizing three general groups: (1) diseases in which the cause is clearly known; (2) those which can be attributed to some secondary cause; and (3) those whose cause is entirely unknown. The general etiological grouping is as follows:

- 0 Diseases due to prenatal influences.
- 1 Diseases due to lower plant and animal parasites.
- 2 Diseases due to higher plant and animal parasites.
- 3 Diseases due to intoxication.
- 4 Diseases due to trauma or physical agents.
- 5.0 Diseases due to circulatory disturbances.
- 5.5 Diseases due to disturbances of innervation or of psychic control.
- 6 Diseases due to or consisting of static mechanical abnormality (obstruction; calculus; displacement and gross changes in form, etc., due to unknown cause).
- 7 Diseases due to disorders of metabolism, growth, or nutrition.
- 8 New growths.
- 9 Diseases due to unknown or uncertain causes, the structural reaction (degenerative, infiltrative, inflammatory, proliferative, sclerotic, or reparative) to which is manifest; and hereditary and familial diseases of this nature.
- x Diseases due to unknown or uncertain causes, the functional reaction to which is alone manifest; and hereditary and familial diseases of this nature.

Each of these general headings is divided and subdivided down to the single cause, such as *B. tuberculosis* under Category I. The basis of the diagnosis is clinical. It defines the clinical process rather than the structural or functional changes which characterize the disease.

This "Nomenclature" will be of great use for the more accurate compiling of mortality and morbidity statistics, will facilitate card-indexing in institutions, and should be of great help to the busy physician, enabling him to standardize his notes and reports quickly and perhaps aid him to make more accurate diagnoses from the terminological point of view. The "Nomenclature", too, will, we hope, blaze the trail towards an international scheme that will be universally accepted. A.G.N.

Smallpox Epidemics

Smallpox is probably the most easily prevented infectious disease in the world. So completely can it be controlled that anyone contracting it might well be punishable in law, much as the inhabitants of Butler's "Erewhon" were punished when they fell ill, and were

treated as ill when they committed a crime. We may therefore permit ourselves to be amazed at the reappearance of smallpox epidemics; amazed, that is, at the persistence and strength of the ignorance and prejudice which brings them about. The last epidemic in Canada was in British Columbia in the early months of 1932. For some time past there had been a faltering in smallpox vaccination, due to anti-vaccination propaganda. The result was an outbreak which affected 56 persons and caused 16 deaths. Many of the cases were of the virulent, confluent type, whose terrible appearance is equalled by few other acute diseases. There are available a number of photographs of these severe cases in Vancouver, and one might almost wish that as there have been pictures exhibiting the horrors of war, so these photos might be used as propaganda against those who would relax the simple yet infallible protection of vaccination.

Elsewhere on the continent also there have been instances of the retribution which so surely follows this stupid, astounding neglect. In Vermont, for example, the fourth smallest State in the Union, with a population of 361,000, there have been reported 254 cases in 1932, an incidence of 70 per 100,000. In the neighbouring territory there was only one case per 100,000, a territory composed of the rest of New England, New York and the Province of Quebec, with a population of nearly 24 million. Vermont has no compulsory vaccination law in its statute books.

The trouble is that we are too apt to take it for granted that the value of vaccination is universally understood. It is not so understood. It must be explained and emphasized and taught, again and again. And as if this were not enough, there have to be reckoned with those peculiar minds who have what can only be described as a constitutional objection to vaccination, either of themselves or of others. George Bernard Shaw one might suspect as belonging to this type, if one should ever suspect him of belonging to any type at all. They have a kind of mental allergy which explodes in reactions of fear or refusal when vaccination or any procedure involving the use of animal serum is suggested to them. It would not matter so much if their refusal to be protected did not help to keep in our midst a disease with such terrible potentialities. H.E.M.

THE IDEALS OF OSLER.—I have had three personal ideals. One to do the day's work well and not to bother about tomorrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it, more than anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it to the best of one's

ability and letting the future take care of itself. The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with courage befitting a man.